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|------------------------|--------------------|
| Application Number     | 10/685,765         |
| Filing Date            | 30 October 2003    |
| First Named Inventor   | Anderson           |
| Art Unit               | 3711               |
| Examiner Name          | Vishu K. Mandrekar |
| Attorney Docket Number | 056375.003         |

I hereby revoke all previous powers of attorney given in the above-identified application.

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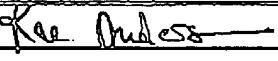
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|---|----------------------|-------|--------------------|-----|
| <input checked="" type="checkbox"/> Firm or Individual Name | Rose M. Anderson     |       |                    |     |
| Address   | 1434 Carrington Lane |       |                    |     |
| City  | Vienna               | State | VA                 | Zip |
| Country   | USA                  |       |                    |     |
| Telephone   | (703) 757-6550       | Email | rose@playgeist.com |     |

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

|           |   |           |                |
|-----------|---|-----------|----------------|
| Signature |  |           |                |
| Name      | Rose M. Anderson  |           |                |
| Date      | 08/02/2005  | Telephone | (703) 757-6550 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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